TOWN OF WESTPORT

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

DEFINITIONS

In this agreement, "I", "me" and "my" mean the employee. "You and "Your" mean the employer. "Account" means the checking, savings, NOW account into which payroll funds are sent. "Bank" means the bank that holds my account.

Payroll Deposits and Deductions

I authorize you to pay me my wages as described in this form. You may send the deposits to my Bank (s) electronically or by paper entry if you need to.

Your Liability

You will use care in sending funds to my account. I agree that you will not be liable for damages or losses that occur due to an equipment failure, an act by any third party, or something beyond your control. In any event, your liability to me will not exceed the difference between wages you owe me and what you have paid me.

Corrections

If you credit my Account with a wrong amount, you may correct the error with an electronic entry or by paper entry.

Changes

If I want to make any change to this agreement, I must notify you in writing. You may have a reasonable time to act on the change. If you want to stop or change this agreement, you may after you give me a ten-day advance notice in writing.

EMPLOYEE'S SIGNATURE	DATE

OPTIONS FOR EMPLOYEE TO ELECT

- 1. One hundred percent (100%) net pay to checking or savings account. Employee will receive a voucher noting transaction.
- 2. A fixed amount of net pay to a checking or savings account. Employee will receive balance of net pay in a payroll check.
- 3. Two (2) fixed amounts of net pay to two (2) separate accounts (checking and /or savings). Employee will receive balance of net pay in a payroll check.
- 4. A fixed amount of net pay to one account (checking or savings) balance of net to a second account (checking or savings). Employee will receive a voucher noting transaction.

NOTE: All direct deposit transactions will be noted on the pay stub of the employee's paycheck.

TOWN OF WESTPORT

EMPLOYEE DIRECT DEPOSIT ELECTION FORM

NAME:	DEPARTMENT:
ADDRESS:	
	SOCIAL SECURITY NO.:
· · · · · · · · · · · · · · · · · · ·	DEPOSIT AS DESCRIBED IN AUTHORIZATION PROGRAM DPTION ONLY and fill in appropriate information)
OPTION 1	
BANK NAME / ACCOUNT TYPE:	
ABA ROUTING NO. (9 Digits):	
ACCOUNT NUMBER:	
OPTION 2	
BANK NAME / ACCOUNT TYPE:	
ABA ROUTING NO. (9 Digits):	
ACCOUNT NUMBER:	
FIXED DOLLAR AMOUNT:	
OPTION 3	
BANK NAME / ACCOUNT TYPE:	BANK NAME / ACCOUNT TYPE:
ABA ROUTING NO. (9 Digits):	ABA ROUTING NO. (9 Digits):
ACCOUNT NUMBER:	ACCOUNT NUMBER:
FIXED DOLLAR AMOUNT:	FIXED DOLLAR AMOUNT:
OPTION 4	
BANK NAME / ACCOUNT TYPE:	BANK NAME / ACCOUNT TYPE:
ABA ROUTING NO. (9 Digits):	ABA ROUTING NO. (9 Digits):
ACCOUNT NUMBER:	ACCOUNT NUMBER:
FIXED DOLLAR AMOUNT:	BALANCE OF NET PAY:100%

NOTE:

- 1. YOU MUST ATTACH A VOID CHECK for a checking account option and an ENCODED DEPOSIT SLIP for a saving's account option.
- 2. The ABA routing number is the nine-digit number on the bottom left portion of the check.
- 3. Both page 1 and page 2 must be completed and returned to the Office of the Controller.